

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

07

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Leonard Russ

Signature of Treasurer

Electronically Filed by Mr. Leonard Russ

Date

08

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 45

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	128897.14
(b) Cash on Hand at Beginning of Reporting Period	278729.64	
(c) Total Receipts (from Line 19)	57213.49	593895.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	335943.13	722793.13
7. Total Disbursements (from Line 31)	67800.00	454650.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	268143.13	268143.13
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 45

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y W Y
2 0 1 0

To:

M M
0 7D D
3 1Y Y Y Y
2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	52361.33	517155.90
(ii) Unitemized	4852.16	51740.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)	57213.49	568895.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	10500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	57213.49	579395.99
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	14500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	57213.49	593895.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57213.49	593895.99

DETAILED SUMMARY PAGE

of Disbursements

4 / 45

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67450.00	453050.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	350.00	1600.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	350.00	1600.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	67800.00	454650.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67800.00	454650.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 45

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	57213.49	579395.99
34. Total Contribution Refunds (from Line 28(d))	350.00	1600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56863.49	577795.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary Baker

Mailing Address PO Box 1129

City

Turlock

State

CA

Zip Code

95381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mark One Corp.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C952809

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Mack Baldrige

Mailing Address Southwest Nursing & Rehabilitation
5300 Alta Mesa Boulevard

City

Fort Worth

State

TX

Zip Code

76133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Nursing & Rehab-
ilitation

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 0

Transaction ID: C948357

Amount of Each Receipt this Period

220.00

C.

Full Name (Last, First, Middle Initial)

Cecil Barcelo

Mailing Address 411 Alabama Ave

City

League City

State

TX

Zip Code

77573-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baywind Village

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

817.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: C952861

Amount of Each Receipt this Period

282.50

SUBTOTAL of Receipts This Page (optional)

1752.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brad Barnes

Mailing Address 2615 Falcon Knoll Ln

City

Katy

State

TX

Zip Code

77494-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green Acres of Baytown

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: C963375

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Brad Bedell

Mailing Address 731 North Main

City

Sikeston

State

MO

Zip Code

63801-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Facilities Managem-
ent

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	0

Transaction ID: C946902

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director, Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	1	0

Transaction ID: C948365

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1770.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director, Regulatory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	1	0

Transaction ID: C959939

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Blankenship

Mailing Address PO Box 1017

City

Heber Springs

State

AR

Zip Code

72543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southridge Village Retirement Center

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	0

Transaction ID: C954073

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Timothy J Boyle

Mailing Address 600 Stevens Post Dr.

City

Dakota Dunes

State

SD

Zip Code

57049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Care Center Mgmt Co

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	0

Transaction ID: C946903

Amount of Each Receipt this Period

1666.66

SUBTOTAL of Receipts This Page (optional)

2186.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Douglas Burr

Mailing Address 1185 Wilde Run Court

City	State	Zip Code
Roswell	GA	30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Administrative Se-
rvices, LLCOccupation
VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	0

Transaction ID: C946904

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Teresa Cagnolatti

Mailing Address 10300 Strathmore Hall St

City	State	Zip Code
Rockville	MD	20852-3399

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCAOccupation
Director, Govt Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	0

Transaction ID: C953521

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James A Carlson

Mailing Address 6026 SW Madison Court

City	State	Zip Code
Portland	OR	97221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Health Care Associ-
ationOccupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	0

Transaction ID: C953522

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hugh Cassidy, Jr.

Mailing Address **Marrero Healthcare Center**
5301 August Avenue

City State Zip Code
Marrero LA 70072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marrero Healthcare Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.05

Date of Receipt

M M / D D / Y Y Y Y
07 12 2010

Transaction ID: C952805

Amount of Each Receipt this Period

228.05

B.

Full Name (Last, First, Middle Initial)

Karen H. Chadderton

Mailing Address **4 Wagon Road**

City State Zip Code
Enfield CT 06082-5639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Health Rehabili-
tation

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 06 2010

Transaction ID: C946957

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Gregory Chambery

Mailing Address **7 Sweets View Drive**

City State Zip Code
Fairport NY 14450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maplewood Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 28 2010

Transaction ID: C958030

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

928.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donna Childress

Mailing Address 1401 West Capitol Avenue

City State Zip Code
 Little Rock AR 72201

FEC ID number of contributing federal political committee.

C

Name of Employer
Arkansas Health Care AssociationOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 2 / 2 0 1 0

Transaction ID: C948438

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Kathleen Collins Pagels

Mailing Address 1440 East Missouri Street

City State Zip Code
 Phoenix AZ 85014

FEC ID number of contributing federal political committee.

C

Name of Employer
Arizona Health Care AssociationOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 2 / 2 0 1 0

Transaction ID: C946914

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Gregory J. Elliot

Mailing Address 240 Capitol Street

City State Zip Code
 Charleston WV 25301-2297

FEC ID number of contributing federal political committee.

C

Name of Employer
AMFM, Inc.Occupation
IT Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1084.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 1 0

Transaction ID: C953668

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

509.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

Transaction ID: C948367

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Teresa Eyt

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	0

Transaction ID: C959941

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	0

Transaction ID: C948370

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

59.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan Feeney

Mailing Address 7005 Metropolitan PI

City

Falls Church

State

VA

Zip Code

22043-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: C959954

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

Lowell Feldman

Mailing Address 163 West Kingsbridge Road

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Terrace Healthcare Center,
Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C952810

Amount of Each Receipt this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

John Fleischer

Mailing Address 1689 Holdens Arbor Run

City

Westlake

State

OH

Zip Code

44145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Howard, Wershale and Co

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: C959137

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1469.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tripp Francis

Mailing Address 102 Woodchase Park Drive

City

Clinton

State

MS

Zip Code

39056-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Mission of Clinton
LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C952862

Amount of Each Receipt this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

Tripp Francis

Mailing Address 102 Woodchase Park Drive

City

Clinton

State

MS

Zip Code

39056-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Mission of Clinton
LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 0

Transaction ID: C953667

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Patricia Giorgio

Mailing Address 4702 Chestnut Ridge NE

City

Cedar Rapids

State

IA

Zip Code

52411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Estates

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 1 0

Transaction ID: C947127

Amount of Each Receipt this Period

1875.00

SUBTOTAL of Receipts This Page (optional)

6875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Gomez

Mailing Address 2201 K Street

City

Sacramento

State

CA

Zip Code

95816-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Association of Health
FacilitiesOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	0

Transaction ID: C946905

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ronald Goux

Mailing Address 2045 Highway 59
PO Box 1429

City

Mandeville

State

LA

Zip Code

70448-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf South Medical Enter-
prisesOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	0

Transaction ID: C959467

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Will Griffin

Mailing Address 430 Will Rogers Parkway

City

Oklahoma City

State

OK

Zip Code

73108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grace Living CentersOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	0

Transaction ID: C959798

Amount of Each Receipt this Period

1575.00

SUBTOTAL of Receipts This Page (optional)

2375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard Groff

Mailing Address 11337 Louisiana Circle

City

Bloomington

State

MN

Zip Code

55438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tealwood Care Centers Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946906

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 1 0

Transaction ID: C948385

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: C959970

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

1326.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard Herrick

Mailing Address 33 Elk Street
300

City State Zip Code
Albany NY 12207

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYS Health Facilities Ass-
ociation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3775.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 0

Transaction ID: C948373

Amount of Each Receipt this Period

1575.00

B.

Full Name (Last, First, Middle Initial)

J David Hightower

Mailing Address 6936 North Lakewood Dr

City State Zip Code
Van Buren AR 72956-8120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hopes Creek Retirement Li-
ving

Occupation
President/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 0

Transaction ID: C948718

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robin L. Hillier

Mailing Address 22 Parrish Road

City State Zip Code
Conneaut OH 44030

FEC ID number of contributing
federal political committee.

C

Name of Employer
RLH Consulting

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946907

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Delta Holloway

Mailing Address 1475 N Cole Rd

City

Boise

State

ID

Zip Code

83704-8537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Health Care Corp.

Occupation

Consultant RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 0

Transaction ID: C958102

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Jon Howell

Mailing Address 334 Fountainhead Drive

City

Jefferson

State

GA

Zip Code

30549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Health Care Assoc-
iation

Occupation

State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C952806

Amount of Each Receipt this Period

1575.00

C.

Full Name (Last, First, Middle Initial)

Norm Hyatt

Mailing Address 5102 Scenic Dr

City

Yakima

State

WA

Zip Code

98908-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hyatt Management Corp.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 0

Transaction ID: C948358

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

2475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeff Jerebker

Mailing Address 12136 W Bayaud Street

City

Lakewood

State

CO

Zip Code

80228-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinon Mgmt.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: C959797

Amount of Each Receipt this Period

220.00

B.

Full Name (Last, First, Middle Initial)

Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946908

Amount of Each Receipt this Period

333.33

C.

Full Name (Last, First, Middle Initial)

Matthew Kern

Mailing Address 2560 Brunswick Ave N

City

Golden Valley

State

MN

Zip Code

55422-3371

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Goodman Group

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 0

Transaction ID: C953683

Amount of Each Receipt this Period

875.00

SUBTOTAL of Receipts This Page (optional)

1428.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matthew Kern

Mailing Address 2560 Brunswick Ave N

City

Golden Valley

State

MN

Zip Code

55422-3371

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Goodman Group

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: C958033

Amount of Each Receipt this Period

875.00

B.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.96

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 0

Transaction ID: C948388

Amount of Each Receipt this Period

39.56

C.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Center for Assis-
ted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.96

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: C959998

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

954.12

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Lee

Mailing Address 517 Overdale Road

City

Baltimore

State

MD

Zip Code

21229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health Management,
Inc.Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	1	0

Transaction ID: C948423

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Todd Mackenzie

Mailing Address 24 Canyon Creek Drive

City

Wimberley

State

TX

Zip Code

78676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Remington Medical Resort
of San AntonioOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	0

Transaction ID: C946909

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Karen McCormack

Mailing Address 209 N Beaver St

City

York

State

PA

Zip Code

17401-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmac CorpOccupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	1	0

Transaction ID: C947760

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Meillier

Mailing Address 27 Brand Ave

City

Faribault

State

MN

Zip Code

55021-6411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pleasant Manor Inc

Occupation

Social Services Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	1	0

Transaction ID: C959800

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Rick Mendlen

Mailing Address 1810 Gillespie Way

City

El Cajon

State

CA

Zip Code

92020-0921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kennon S. Shea & Associat-
es

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	0

Transaction ID: C946911

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Miller

Mailing Address 3611 Glenfield Ct

City

Louisville

State

KY

Zip Code

40241-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Membership Liasion

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	0

Transaction ID: C946910

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

VP, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.71

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 1 0

Transaction ID: C948389

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

VP, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.71

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: C960026

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Steve Mulder

Mailing Address 7300 Del Pardo Street

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitehall Boca

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C954077

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

351.94

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Sr. Director of Congressional Affairs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	1	0

Transaction ID: C948390

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Sr. Director of Congressional Affairs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	1	0

Transaction ID: C960027

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tony E Oglesby

Mailing Address PO Box 350

City

Benton

State

TN

Zip Code

37307-0350

FEC ID number of contributing
federal political committee.

C

Name of Employer
SavaSenior Care

Occupation

President & CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	0

Transaction ID: C946913

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1290.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey Parrish

Mailing Address 11156 Sardis-Scotts Hill Road

City	State	Zip Code
Scotts Hill	TN	38374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Health Manageme-
ntOccupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	0

Transaction ID: C955097

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Wade Peterson

Mailing Address 201 14th Street NW

City	State	Zip Code
Mandan	ND	58554-2063

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedCenter One Care CenterOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	0

Transaction ID: C946928

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Neil L. Pruitt, Jr.

Mailing Address 1626 Jeurgens Court

City	State	Zip Code
Norcross	GA	30093

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHS-Pruitt Corporation,
Inc.Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	0

Transaction ID: C946915

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gail Rader

Mailing Address 1503 South Main Street

City

Phillipsburg

State

NJ

Zip Code

08865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Care Perspectives Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: C958038

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Sally Rapp

Mailing Address 3308 Ocean Bld
280

City

Corona Del Mar

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
SR Management Svcs. Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 0

Transaction ID: C948318

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Emmett Riner

Mailing Address PO Box 391

City

Naples

State

TX

Zip Code

75568

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Boston Health Care Ce-
nter

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 0

Transaction ID: C952803

Amount of Each Receipt this Period

241.00

SUBTOTAL of Receipts This Page (optional)

3991.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frank Romano

Mailing Address 61 Summer Street

City

Rowley

State

MA

Zip Code

01969-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Essex Group

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946916

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Jesse Samples

Mailing Address 110 Association Dr

City

Charleston

State

WV

Zip Code

25311-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia Health Care
Association

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946918

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lee Samson

Mailing Address 9200 Sunset Boulevard
1100

City

West Hollywood

State

CA

Zip Code

90069

FEC ID number of contributing
federal political committee.

C

Name of Employer
SNF Management/ Windsor

Occupation
President/ CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946917

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Scharfenberger

Mailing Address 7265 Kenwood Road
300

City State Zip Code
Cincinnati OH 45236-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nursing Care Management

Occupation
Exec Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 0

Transaction ID: C954078

Amount of Each Receipt this Period

137.50

B.

Full Name (Last, First, Middle Initial)

Sid Schiff

Mailing Address 220 Sierra Drive

City State Zip Code
North Miami Beach FL 33179-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Club Care Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 0

Transaction ID: C958027

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Shawn Scott

Mailing Address 8106 Boulder Ct.

City State Zip Code
Long Grove IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medline Industries

Occupation
VP, Healthcare Corporate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.66

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946919

Amount of Each Receipt this Period

258.33

SUBTOTAL of Receipts This Page (optional)

895.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert Siebel

Mailing Address 13185 W Great Mountain Drive

City State Zip Code
 Lakewood CO 80228-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carriage Healthcare Compa-
nies, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 2 / 2 0 1 0

Transaction ID: C946920

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City State Zip Code
 Washington DC 20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 6 / 2 0 1 0

Transaction ID: C948405

Amount of Each Receipt this Period

19.24

C.

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City State Zip Code
 Washington DC 20037-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.60

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 7 / 2 0 1 0

Transaction ID: C960036

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

538.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

J. Craig Souza

Mailing Address 5109 Bur Oak Cir

City

Raleigh

State

NC

Zip Code

27612-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Health Care
Facilities

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 1 0

Transaction ID: C952860

Amount of Each Receipt this Period

1100.00

B.

Full Name (Last, First, Middle Initial)

David Stallard

Mailing Address 1305 West Causeway Approach
#212

City

Mandeville

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covington Suites

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946921

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Brad Stebbins

Mailing Address 600 East Whaley

City

Longview

State

TX

Zip Code

75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C954076

Amount of Each Receipt this Period

1875.00

SUBTOTAL of Receipts This Page (optional)

4225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Swim

Mailing Address 8354 Chickamauga Trail

City

Shreveport

State

LA

Zip Code

71107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vivian Health Care Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C952863

Amount of Each Receipt this Period

175.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Swim

Mailing Address 8354 Chickamauga Trail

City

Shreveport

State

LA

Zip Code

71107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vivian Health Care Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: C959938

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dixie Taylor-Huff

Mailing Address 932 East Baddour Parkway

City

Lebanon

State

TN

Zip Code

37087-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Care Health Center

Occupation

Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946923

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jan Thayer

Mailing Address 2307 Stagecoach Rd.

City

Grand Island

State

NE

Zip Code

68801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Lodge Retirement
Complex

Occupation
Chair/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C947267

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Michael Torgan

Mailing Address 5120 West Goldleaf Circle
400

City

Los Angeles

State

CA

Zip Code

90056-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Villa Health Serv-
ices

Occupation
Vice President, Customer Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946924

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James Unverferth

Mailing Address 1100 Shawnee Road

City

Lima

State

OH

Zip Code

45805-3583

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCF, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: C946926

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jack Vetter

Mailing Address 20220 Harney Street

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vetter Health ServicesOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: C963628

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

William Watson

Mailing Address 1101 Reiger Road
Apt 605

City

Baton Rouge

State

LA

Zip Code

70809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Claiborne Healthcare CenterOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 0

Transaction ID: C952804

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

52361.33

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
BUILDING A MAJORITY PAC (BAMPAC)

Mailing Address P.O.Box 2315

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
Contributions to Federal PACs

Candidate Name
Barbara Mikulski

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D96431

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Chad Causey for Congress

Mailing Address PO Box 16966

City Jonesboro State AR Zip Code 72403-6716

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Chad Causey

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: D96448

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Gardner for Congress

Mailing Address PO BOX 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Cory Gardner

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 04

Transaction ID: D96436

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gardner for Congress

Mailing Address PO BOX 2408

City
Loveland

State
CO

Zip Code
80539

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Cory Gardner

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 04

Transaction ID: D96437

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

David Rivera for Congress

Mailing Address PO Box 520633

City
Miami

State
FL

Zip Code
33152-0633

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
David Rivera

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Transaction ID: D96440

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

David Rivera for Congress

Mailing Address PO Box 520633

City
Miami

State
FL

Zip Code
33152-0633

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
David Rivera

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 25

Transaction ID: D96441

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Dennis Ross

Mailing Address PO Box 7310

City
LakelandState
FLZip Code
33807-7310Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Dennis Alan RossCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: D96442

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT JEAN KURTIS SCHODORF FOR CONGRE

Mailing Address PO Box 1879

City
WichitaState
KSZip Code
67201-1879Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Jean K ShodorfCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 04

Transaction ID: D96439

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City
WadsworthState
OHZip Code
44281Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Mr James B RenacciCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 16

Transaction ID: D96433

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 45

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kirk For Senate

Mailing Address PO Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr Mark S Kirk

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Special

State: IL District:

Transaction ID: D96911

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Kirk For Senate

Mailing Address PO Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr Mark S Kirk

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: D96446

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Stivers for Congress

Mailing Address 81 S FIFTH STREET

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr. Steve Stivers

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D96434

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 45

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MCCOLLUM FOR CONGRESS

Mailing Address P.O. Box 14131

City
St. Paul

State
MN

Zip Code
55114

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Betty McCollum

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 04

Transaction ID: D95915

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City
Eden Prairie

State
MN

Zip Code
55344

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Erik Paulsen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: D95914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN THOMPSON

Mailing Address 198 PARK ROAD

City
HOWARD

State
PA

Zip Code
16841

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Glenn W. Thompson, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 05

Transaction ID: D96430

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A. Full Name (Last, First, Middle Initial)
JOHN D. DINGELL FOR CONGRESS COMMITTEE**

Mailing Address 607 14th Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. John D. DingellCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: D96427

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**B. Full Name (Last, First, Middle Initial)
BRADY FOR CONGRESS**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Kevin BradyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: D96429

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**C. Full Name (Last, First, Middle Initial)
DOGETT FOR US CONGRESS**

Mailing Address PO Box 5743

City Austin State TX Zip Code 78763-5743

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Lloyd DoggettCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: D96428

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 45

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS	Transaction ID: D96425 Date of Disbursement
Mailing Address 2021 E Dublin Granville Road	<div> <div>07</div> <div>23</div> <div>2010</div> </div>
City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>1000.00</div>
Candidate Name Rep. Patrick J. Tiberi	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BOUCHER FOR CONGRESS COMMITTEE	Transaction ID: D96426 Date of Disbursement
Mailing Address PO Box 2000	<div> <div>07</div> <div>23</div> <div>2010</div> </div>
City Abingdon State VA Zip Code 24212	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>1000.00</div>
Candidate Name Rep. Rick Boucher	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KLEIN FOR CONGRESS	Transaction ID: D96432 Date of Disbursement
Mailing Address 21301 POWERLINE ROAD SUITE 204	<div> <div>07</div> <div>23</div> <div>2010</div> </div>
City BOCA RATON State FL Zip Code 33433	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates	<div>1000.00</div>
Candidate Name Rep. Ron Klein	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
TAMMY BALDWIN FOR CONGRESS

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tammy Baldwin

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Transaction ID: D96423

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

B. Full Name (Last, First, Middle Initial)
TIM WALZ FOR US CONGRESS

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tim Walz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: D95912

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
TIM WALZ FOR US CONGRESS

Mailing Address PO BOX 938

City MANKATO State MN Zip Code 56002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Tim Walz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: D95913

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 45

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dold for Congress

Mailing Address PO Box 8145

City
Northfield

State
IL

Zip Code
60093-8145

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Robert James Dold, Jr

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: D96443

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Robert Hurt for Congress

Mailing Address PO Box 2

City
Chatham

State
VA

Zip Code
24531

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Robert Hurt

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 05

Transaction ID: D96435

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

GOAL PAC

Mailing Address PO Box 30344

City
Bethesda

State
MD

Zip Code
20824-0344

Purpose of Disbursement
Contributions to Federal PACs

Candidate Name
Sander Levin

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D96445

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JON KYL FOR U S SENATE

Mailing Address PO BOX 10246

City
PHOENIX

State
AZ

Zip Code
85064

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Jon L. Kyl

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: D96424

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

67450.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary Shabo

Mailing Address 67 Cascade Road

City
Old Orchard Beach

State
ME

Zip Code
04064

Purpose of Disbursement
Refund of Individual Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D96683

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

350.00